STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G741	A. BUILDING 00 B. WING	09/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	9824 TRENTMAN ROAD FORT WAYNE, IN46816

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W0000		W0000		

This visit was for the fundamental annual recertification and state licensure survey.

Dates of survey: September 13, 14, 15, and 16, 2011.

Provider Number: 15G741
Facility Number: 011504
AIM Number: 200889050

Surveyor: Susan Eakright, Medical Surveyor III/QMRP

The following federal deficiencies also reflect state findings in accordance with 431 IAC 1.1.
Quality Review completed 9/23/11 by Chris Greeney, ICF-ID Surveyor Supervisor and Ruth Shackelford, Medical

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Surveyor III.			
W0316	Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually. Based on record review and interview, for 2 of 2 sampled clients (clients #1 and #2) who received psychotropic medications, the facility failed to evaluate each client's status for an annual decrease or contraindication of psychotropic medication of a decrease. Findings include: 1. Client #1's record was reviewed on 9/14/11 at 12:35pm. Client #1's 3/9/11 ISP (Individual Support Plan) indicated a 3/10/11 Behavior Support Program (BSP) which indicated client #1 had targeted behaviors of physical aggression, Self Injurious Behavior (SIB), and Non Compliance. Client #1's plan indicated the use of Risperdal 6mg (milligrams) for behaviors "increased from 4mg in 12/2008" and Seroquel 100mg for behaviors "added 10/2009." Client #1's record indicated 4/11/11 and 1/12/11 psychotropic medication reviews and client #1's 8/2011, 7/2011, 6/2011, and 5/2011 monthly "Behavior Meeting" did not indicate a change or contraindication of change of client #1's psychotropic medications. No reason was documented. Client #1's record did not include a current evaluation for an annual decrease or contraindication of decrease of client #1's	W0316	W 316- A statement from the psychiatrist has been obtained for client #1 and client #2 that there is a contraindication in making any medication reductions at this time for the clients. The Psychotropic Medication Review form has been updated to include a checkbox to prompt the psychiatrist to complete that section of the PMR more thoroughly to meet the requirements. The nurse, manager, QMRP and Behavior Analyst have also received training on monitoring the comments, ensuring that section of the PMR has been completed appropriately and comments included as needed on the Behavior Monthly Report. The Residential Director will monitor compliance by participation in the Behavior Support Monthly meeting and by reviewing the PMR's.	10/16/2011

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	psychotropic medication. Client #1's record did not indicate the last medication change or contraindication considered. 2. Client #2's record was reviewed on 9/14/11 at 11:40am. Client #2's 3/16/11 ISP (Individual Support Plan) indicated a 3/22/11 Behavior Support Program (BSP) which indicated client #2 had targeted behaviors of physical aggression, Property Abuse, and Self Injurious Behavior (SIB). Client #2's plan indicated the use of Risperdal 4mg for behaviors and Depakene 3,000mg for behaviors, and no start date was indicated. Client #2's 8/2/11 "Physician's Order" and 8/3/11 "Psychotropic Medication Review" both indicated "8/24/2000 Risperdal 1mg 1 tab (tablet) 4 x (four times) daily" and "2010 Depakote 1,000mg TID (three times a day)." Client #2's record indicated 8/13/11, 5/2/11, 2/4/11, and 11/3/10 psychotropic medication reviews and client #2's 8/2011, 7/2011, 6/2011, and 5/2011 monthly "Behavior Meeting" did not indicate a change or contraindication of change of client #2's psychotropic medications. No reason was documented. Client #2's record did not include a current evaluation for an annual decrease or contraindication of decrease of client #2's psychotropic medication. Client #2's record did not indicate the last medication change or contraindication considered. On 9/14/11 at 1:30pm, an interview with Residential Director (RD) #3 was completed. RD #3 indicated no additional information was available for review to determine if client #1 and #2's psychotropic medications were evaluated for an annual decrease or if a decrease was contraindicated. RD #3 stated client #1 and #2's records indicated each client was "stable" for			

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	behaviors. On 9/16/11 at 10:48am, an interview with RD #3 was completed. RD #3 provided a 9/14/11 documented contraindication from client #1 and #2's psychiatrist. RD #3 indicated client #1 and #2's psychotropic medications were not evaluated for a decrease or contraindication until the surveyor inquired on 9/14/11. 1.1-3-5(a)			
W0382	The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation, record review, and interview, for 4 of 4 clients (clients #1, #2, #3, and #4), the facility failed to maintain proper medication security. Findings include: On 9/13/11 from 2:50pm until 4:40pm, the medication cabinet was observed unlocked and accessible above the washer/dryer inside the laundry room. From 2:50pm until 4:40pm, clients #1, #2, #3, and #4 were observed to independently walk through the laundry room to use the connecting bathroom, sort their laundry, change the loads of laundry from the washer/dryer, wash their hands in the sink inside the laundry room, and the cabinet which held medications for clients #1, #2, #3, and #4 was unlocked and unsecured. At 4:40pm, DCS #1 indicated she did not unlock the medication cabinet before she began medication administration because the cabinet was unlocked. DCS #1 indicated medications were unsecured in the unlocked cabinet. DCS #1 stated	W0382	W382- All staff have been re-trained on the Medication Administration and Storage of Medication policies including their responsibility to secure medications so they are not accessible by clients in the home. The Manager and Nurse are conducting an observation of medication passes with each staff member of the home and will complete spot checks thereafter. This will be documented on a Medication Observation and be submitted to the Residential Director for review and to monitor compliance.	10/16/2011

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	the medications "should have been locked" and clients #1, #2, #3, and #4 had access to the unsecured medications. An interview was conducted on 9/14/11 at 1:30pm, with Residential Director (RD) #2 and RD #3. RD #2 and RD #3 stated "all" medications should be locked when unattended by staff. 1.1-3-6(a)			
W0383	Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview, the facility failed to secure and failed to prohibit access to the medication cabinet keys for 4 of 4 clients (#1, #2, #3, and #4) who resided in the home. Findings include: On 9/13/11 from 2:50pm until 5:30pm, observations and interview at the group home were completed with clients #1, #2, #3, #4, and DCS (Direct Care Staff) #1. From 2:50pm until 5:30pm, two (2) rings of medication cabinet keys was observed on top of the wall mounted fire box inside the laundry room at eye level and beside the medication cabinet. From 2:50pm until 5:30pm, clients #1, #2, #3, and #4 were observed to independently walk through the laundry room to use the connecting bathroom, sort their laundry,	W0383	W383- All staff have been re-trained on the Medication Administration and Storage of Medication policies including their responsibility to secure medications so they are not accessible by clients in the home. The Manager and Nurse are conducting an observation of medication passes with each staff member of the home and will complete spot checks thereafter. This will be documented on a Medication Observation and be submitted to the Residential Director for review and to monitor compliance.	10/16/2011

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	change the loads of laundry from the washer/dryer, and wash their hands in the sink inside the laundry room. At 4:55pm, DCS #1 stated the two (2) rings of medication cabinet keys were kept on the eye level fire box "all the time." DCS #1 indicated the medication cabinet keys were unsecured. DCS #1 indicated clients #1, #2, #3, and #4 had access to the unsecured medication key rings. An interview was conducted on 9/14/11 at 1:30pm, with Residential Director (RD) #2 and RD #3. RD #2 and RD #3 stated "all" medication keys should be kept secured when medications were not administered. RD #2 indicated clients #1, #2, #3, and #4 had access to the medication keys to the medication cabinet. On 9/14/11 at 1:45pm, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated "Core Lesson 3: Principles of Administering Medication" medication cabinet keys should be kept secure. 1.1-3-6(a)			

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W0436	The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, for 1 of 2 clients (client #2) who wore prescribed eyeglasses, the facility failed to encourage and teach client #2 to wear his prescribed eye glasses. Findings include: On 9/13/11 from 2:50pm until 5:30pm, and on 9/14/11 from 5:40am until 8am, observation and interview were completed at the group home. Client #2 did not wear his prescribed eye glasses. During both observation periods client #2 watched television, read the menu with staff, put puzzles together, colored outside the lines on the paper guide, walked in the community with staff, completed medication administration, measured laundry detergent, and stirred items in hot pots on the stove. Staff were not observed to encourage client #2 to wear his glasses. Client #2's record was reviewed on 9/14/11 at 11:40pm. Client #2's record indicated a 8/22/11 Optometrist	W0436	W436- All staff have received re-training to encourage client #2 to wear his glasses. The QMRP has added a goal to client #2's ISP to assist the individual and the staff in teaching client #2 the importance of wearing his glasses. The Residential Monthly Reports will be monitored by the Residential Director to ensure that the training is effective and that client #2 is wearing his glasses.	10/16/2011

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	evaluation which indicated client #2 wore prescribed eye glasses. Client #2's 3/16/11 ISP (Individual Support Plan) did not indicate an objective to wear his eye glasses. An interview was conducted on 9/14/11 at 1:30pm, with Residential Director (RD) #2 and RD #3. RD #2 and RD #3 indicated client #2 should have been taught and encouraged to wear his prescribed eye glasses by the facility staff. RD #2 indicated client #2 did not have an objective to teach client #2 to wear his glasses. On 9/16/11 at 10:48am, an interview with RD #3 was completed. RD #3 indicated client #2 wore glasses and stated client #2 had an objective "now" to teach client #2 to wear his glasses. RD #3 provided an objective developed on 9/15/11 for client #2 to teach client #2 to wear his eye glasses. 1.1-3-7(a)			